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|  | 2016 COMPLIANCE PLAN MATRIX |
| **11.1.1** | Develop and maintain a Compliance Plan to guard against FWA (42 CFR 438.608(a)). |
| **DHHS Comment:** | **Refer to 11.2**  **A Medicaid Managed Care Compliance Program is… “A set of procedures and processes instituted by a managed care entity to regulate its internal processes and train staff to conform to and abide by applicable state and federal regulations which govern the managed care entity.”**  **The Compliance Program should also include those systems, procedures and policies by which the MCO will seek to prevent, identify and recover improper payments to and fraud and abuse on the part of its network providers and subcontractors.** |
| **11.1.2** | Have sufficient organizational capacity (administrative and management arrangements or procedures) to guard against FWA (42 CFR 438.608(a)). Specifically, adequate staffing and resources needed to fulfill the Program Integrity and Compliance requirements of this Contract; to investigate all reported incidents; and to develop and implement the necessary systems and procedures to assist the CONTRACTOR in preventing and detecting potential FWA. |
| **DHHS Comment:** | **Refer to 11.2.1 and 11.2.3, Staff**  **A Compliance Plan is… “A written document that details the means by which an organization will conform to specific regulations to achieve and maintain compliance.”**  **The Plan:**   * **Defines standards** * **Describes the methods for monitoring standards** * **Identifies corrective action processes**   **The Compliance Plan should fully describe the MCO’s Compliance program; should include all methods used by the MCO to prevent and identify fraud and abuse on the part of network providers and subcontractors; and should detail how the MCO will carry out the program integrity provisions established by section 11 of the July 2014 contract. Where the Compliance Plan must include a specific policy or policies, the written policy must be included in either the body of the Compliance Plan or as an appendix.** |
| **11.1.3** | Establish a Compliance Committee that is accountable to senior management (42 CFR 438.608(b)(2)). The Compliance Committee shall be made up of, at a minimum, the Compliance Officer, a budgetary official and other executive officials with the authority to commit resources. The Compliance Committee will assist the Compliance Officer in monitoring, reviewing and assessing the effectiveness of the compliance program and timeliness of reporting. |
| **DHHS Comment:** | **Refer to 11.2.2** |
| **11.1.4** | Effective lines of communication between the Compliance Officer, the Compliance Committee, and the CONTRACTOR’s employees, Subcontractors, and Providers (42 CFR 438.608(b)(4)). |
| **DHHS Comment:** | **Refer to 11.2.6** |
| **11.1.7** | Have provisions for internal monitoring and auditing that provide for independent review and evaluation of the CONTRACTOR’s accuracy of financial recordkeeping, the reliability and integrity of information, the adequacy of internal controls, and compliance with applicable federal and state laws and regulations (42 CFR 438.608(b)(6)). |
| **DHHS Comment:** | **Refer to 11.2.8** |
| **11.1.9** | Have provisions for prompt response to detected offenses, and for development of corrective action initiatives (42 CFR 438.608(b)(7)). |
| **DHHS Comment:** | **Refer to 11.2.9** |
| **11.1.13** | Have effective training and education for the Compliance Officer and the organization’s employees and subcontractors (42 CFR 438.608(b)(3)). The training must comply with requirements of § 6032 of the Federal Deficit Reduction Act of 2005. |
| **DHHS Comment:** | **Refer to 11.2.5** |
| **11.1.14** | Establish, publish, and enforce disciplinary standards and guidelines for the CONTRACTOR’s employees. |
| **DHHS Comment:** | **Refer to 11.2.7** |
| **11.1.16** | Upon notification by the Department that a provider has been placed on a payment suspension due to a credible allegation of fraud pursuant to 42 CFR § 455.23, CONTRACTOR must suspend payments to contracted providers and/or administrative entities involved. CONTRACTOR shall effectuate this suspension as soon as is practicable. |
| **DHHS Comment:** | **Explain the Suspension process. If a non-par provider, how do you restrict future enrollment and payments? How do you preform check holds?** |
| **11.1.17** | Withhold payment to a Provider as warranted for recoupment. |
| **DHHS Comment:** | **Describe the process for withholding payments to a Provider as warranted for recoupment. Explain the suspension process, withholding of payments and future enrollment and payment suspensions for non-par providers.** |
| **11.1.22** | Generate individual notices (a.k.a. Beneficiary Explanation of Medicaid Benefits (BEOMB)) within forty-five (45) calendar days of the payment of claims, to all or a statistically valid sample group of the Medicaid Managed Care Members who received services under the CONTRACTOR’s Health Plan. Such notices must be sent on a semi-annual basis. The notice must not specify confidential services as defined by the Department, within the Managed Care Policy and Procedure Manual, and must not be sent if the only service furnished was confidential. |
| **DHHS Comment:** | **Describe the process for confirming Members received services billed.** |
|  | **COMPLIANCE PLAN** |
| **11.2** | The CONTRACTOR shall create and maintain a Compliance Plan that addresses, at a minimum, the following requirements: |
| **11.2.1** | Compliance Officer  The designation and identification of a Compliance Officer that is accountable to senior management. |
| **DHHS Comment:** | **Identify the Compliance Officer in writing in the Plan, with contact information (telephone # and email address).**  **PI would also like the identification of the Program Integrity Coordinator with contact information (telephone # and email address).** |
| **11.2.2** | Compliance Committee  Establishment of a Compliance Committee that is accountable to senior management is required. The Compliance Committee shall be made up of, at a minimum, the Compliance Officer, a budgetary official and other executive officials with the authority to commit resources. The Compliance Committee will assist the Compliance Officer in monitoring, reviewing and assessing the effectiveness of the compliance program and timeliness of reporting. |
| **DHHS Comment:** | **Refer to 11.1.3**  **Show the names and titles of the members of the Compliance Committee.**  **Attach the Compliance Committee Operating Rules or Charter.** |
| **11.2.3** | Administrative and Managerial Capacity  Pursuant to Section 2 of this Contract, the CONTRACTOR shall include an organizational chart in its Compliance Plan. The chart must include the names and job functions for all CONTRACTOR staff involved in program integrity and other activities designed to identify and protect against FWA. |
| **DHHS Comment:** | **Program Integrity shall include the SIU, Program Integrity, Fraud Recovery Unit, Payment Integrity Unit or any such designate unit recovering overpayment dollars relating to fraud, waste or abuse.** |
| **11.2.4** | Written Policies, Procedures and Standards of Conduct  The Compliance Plan must include written policies, procedures, and standards of conduct that articulate the CONTRACTOR’s commitment to comply with all applicable Federal and State standards and regulations. |
| **DHHS Comment:** | **This includes how the Plan will comply with the Employee Education about False Claim Act requirements established by the Deficit Reduction Act of 2005, and how it will endure that its providers/ subcontractors do the same. Operational standards are the measurements by which the organization’s processes will be assessed for compliance.** |
| **11.2.4.1** | A list of automated pre-payment (PreR) claims edits designed to ensure proper payment of claims and prevent payment of improper claims, |
| **DHHS Comment:** | **For example, list of NCCI edits, Global surgery code edits, etc.** |
| **11.2.4.2** | Internal operating procedures for desk audits or post-payment (PostR) review of claims, |
| **DHHS Comment:** | **Any procedures defining the desk audit or post-payment review process.**  **These could be the procedures as defined in your Fraud, Waste and Abuse Plan or as delivered during the CMS audit.** |
| **11.2.4.3** | A list of reports of Provider profiling and credentialing used to aid program and payment integrity reviews, |
| **DHHS Comment:** | **A list of reports used to as a control mechanism to ensure that only qualified providers render services. Describe how the credentialing process helps the MCO prevent the enrollment of fraudulent providers.** |
| **11.2.4.4** | A list of surveillance and/or utilization management protocols used to safeguard against unnecessary or inappropriate use of Medicaid services, |
| **DHHS Comment:** | **Describe protocols for how the MCO monitors for medically-necessary utilization of services and establishes appropriate utilization controls. For example, the Beneficiary Pharmacy Lock-In Program, QIO, or contracted services.** |
| **11.2.4.5** | A list of references in Provider and Member materials regarding fraud and abuse referrals, |
| **DHHS Comment:** | **Information in the Provider/Member Handbooks regarding how to make a fraud referral.** |
| **11.2.4.6** | A list of provisions for the confidential reporting of CONTRACTOR violations. |
| **DHHS Comment:** | **Explain the process for employees to confidentially report CONTRACTOR violations. Include any policies and procedures as well as references in the employee handbook.** |
| **11.2.4.7** | Methods to ensure that the identities of individuals reporting violations of the CONTRACTOR are protected and that there is no retaliation against such persons. |
| **DHHS Comment:** | **Provide policies and procedures.** |
| **11.2.4.8** | Specific and detailed internal procedures for officers, directors, managers, and employees for detecting, reporting, and investigating Compliance Plan violations. |
| **DHHS Comment:** | **Provide policies and procedures and any associated forms used to report violations. Explain who conducts the investigation and the steps used to ensure confidentiality of the reporter.** |
| **11.2.4.9** | Pursuant to the Deficit Reduction Act of 2005 (DRA), written policies for employees detailing: |
| **11.2.4.10** | The Federal False Claims Act provisions, |
| **DHHS Comment:** |  |
| **11.2.4.11** | The administrative remedies for false claims and statements, |
| **DHHS Comment:** |  |
| **11.2.4.12** | Any federal or state laws described in 1902(a)(68) of the Act, relating to civil or criminal penalties for false claims and statements, |
| **DHHS Comment:** |  |
| **11.2.4.13** | The whistleblower protections under such laws. |
| **DHHS Comment:** |  |
| **11.2.5** | Training and Education  The Compliance Plan must outline training and education for the Compliance Officer, and the organization’s employees and subcontractors. The training and education activities must, at a minimum, address the following requirements: |
| **DHHS Comment:** | **Refer to 11.1.3**  **This should be a description of the training, either within the Plan itself or as an appendix, used for the Compliance Officer and Organization’s employees and subcontractors. Must be shown in the Plan (not enough just to write that you have one.) Must meet the requirements of § 6032 of the DRA as well as include any other program integrity-related training for the MCO’s compliance and SIU staff. Should include training schedule and number of training or CPE’s required for staff, if applicable.**  **See actual training Plan.**   1. **Attach provider handbook, provider training agendas or other activities that show how the MCO provides this information and education on correct billing to providers/ subcontractors.** 2. **Describe how providers are educated n correct billing practices.**   **Contractor must provide for effective training and education for the compliance officer and the organization’s employees.**  **Staffing education should**   * **Convey overall organizational standards for integrity** * **Convey the organization’s commitment to compliance** * **Explain the purpose and importance of complying with applicable federal and state regulations.**   **It should:**   * **Alleviate employee fear of certain retribution for providing information regarding organizational practices, but emphasizing compliance expectations** * **Include mechanism for obtaining anonymous information** * **Educate employee regarding policies and procedures on wrongdoing and other acts subject to criminal scrutiny** * **Train staff regarding appropriate program regulations and organizational standards, provide process for staffing updates regarding new or modified regulations in a timely manner** * **Emphasize the importance of on-going monitoring**   **Educate management regarding how effectively formulate and implement corrective action plans.** |
| **11.2.5.1** | Compliance with the requirements of § 6032 of the Federal Deficit Reduction Act of 2005. |
| **DHHS Comment:** | **How do you comply with the DRA?** |
| **11.2.5.2** | Outline activities proposed for the next reporting year regarding employee education of federal and state laws and regulations related to Medicaid Program Integrity. |
| **DHHS Comment:** |  |
| **11.2.5.3** | Ensure that all of its officers, directors, managers, and employees know and understand the provisions of the CONTRACTOR’s fraud and abuse compliance plan. |
| **DHHS Comment:** | **Describe how the Plan ensures** **all of its officers, directors, managers, and employees know and understand the provisions of the CONTRACTOR’s fraud and abuse compliance plan. Attach any policies and procedures or handbooks.** |
| **11.2.6** | Lines of Communication  Effective lines of communication between the Compliance Officer and the CONTRACTOR’s employees, subcontractors, and providers must be established, clearly explained, and managed. |
| **DHHS Comment:** | **Organizational chart, written policies, work flow diagram, or any other documentation that shows how employees, subcontractors and providers communicate with the Compliance Officer. Process must be in place for receiving, interpreting, distributing and implementing regulatory guidance.**  **Provider must be able to:**   * **Demonstrate that training on communication extends to subcontractors and Providers.** * **Include organizational charts, written policies and work flow diagrams or other documents that outline how employees, subcontractors and Providers communicate with the Compliance Officer.** * **Include written policies or other documents that outline how employees, subcontractors and Providers report suspected activities.** * **Include the confidential reporting of Plan violations to a designated person.** * **Demonstrate that the Department’s toll-free fraud hotline phone number (1-888-364-3224), the Department’s fraud hotline email address (**[**fraudres@scdhhs.gov**](mailto:fraudres@scdhhs.gov)**) have been published in all employee handbooks, Provider manuals, and Member communications, mass communications and MCO websites Member communications are further defined in this guide as mass mailings including but not limited to member newsletters, benefit change notifications, or any other distribution affecting large segments of the MCO membership.** * **Demonstrate that the information has been placed in a prominent position so that Members may easily identify the information in the material.** |
| **11.2.7** | Enforcement & Accessibility  Enforcement of standards for the CONTRACTOR’s employees through well-publicized disciplinary guidelines. |
| **DHHS Comment:** | **Refer to 11.1.14**  **Do you have publicized disciplinary guidelines? How/where are they publicized? Attach a copy.**  **Mechanisms need to be in place to :**   * **Identify, investigate and refer suspected fraud and abuse cases** * **Identify how assessments will be made** * **Associate specific punishment for specific offenses**   **Enable staff to report suspect activities – including a hotline or anonymous comment cards** |
| **11.2.8** | Internal Monitoring and Auditing  Provisions for internal monitoring and auditing which provide for independent review and evaluation of the CONTRACTOR’s accuracy of financial recordkeeping, the reliability and integrity of information, the adequacy of internal controls, and compliance with applicable federal and state laws and regulations. |
| **DHHS Comment:** | **Refer to 11.1.7**  **Information about the MCO’s Internal Audit department and the types of external audits regularly performed of the MCO, which are used by management to determine the above. This can be at the corporate level and not just for the MCO’s South Carolina business.**  **Monitoring is the process of evaluating the organization’s practices against set criteria such as program regulations and internal standards. It aids in the assessment and identification of areas of risk and vulnerability.**  **2 components:**   * **Internal audits**   **Reports** |
| **11.2.9** | Response & Corrective Action  Provisions for prompt response to detected offenses, and for development of corrective action initiatives relating to this Contract. |
| **DHHS Comment:** | **Refer to 11.1.9**  **MCO’s human resource policies and procedures or other internal operating policies and procedures.**  **Corrective action plans:**   * **Written planned objectives or measures to rectify a deficiency or non-compliant situation** * **Identify the standards/regulation** * **State the deficiency** * **Identify the measures that will be taken to rectify the situation**   **Identify timeframes for the remedy** |
| **11.2.10** | Provider Review and Audit Standards  Provisions for provider reviews and audits must be consistent with the Department’s Program Integrity review and auditing standards and instructions and/or guidance included within the Managed Care Policy and Procedure Manual. |
| **DHHS Comment:** | **Attach any policy and procedures relating to provider reviews and audits as a result of fraud, waste and abuse activities.** |
| **11.2.10.1** | A general description of the process for data mining and analyses performed by the CONTRACTOR, |
| **DHHS Comment:** |  |
| **11.2.10.2** | A description of the individual reports-their purpose, objectives, associated with all FWA activities and requirements. |
| **DHHS Comment:** |  |
| **11.2.11** | Process to confirm the identity and determine the exclusion status of any Provider and/or Subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO entity through routine checks of Federal databases. This includes the Social Security Administration’s Death Master File, the List of Excluded Individuals/Entities (LEIE), the system for Award Management (SAM), and any other databases as the Department or Secretary may prescribe (e.g. Department’s SC List of Excluded Providers). These databases must be consulted upon contracting and no less frequently than monthly thereafter. If the CONTRACTOR determines a match, it must promptly notify the Department, Division of Program Integrity and take any necessary actions consistent with 42 CFR §438.610 Prohibited affiliations. |
| **DHHS Comment:** | **Describe the confirmation process in detail. Which division conducts the checks? If there is a credible match, what steps are taken?** |
| **11.2.11.1** | The CONTRACTOR must detail the process for performing a monthly check for exclusions of its owners, agents and managing employees. Such processes must be consistent with the Managed Care Policy and Procedures Guidelines. |
| **DHHS Comment:** |  |
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